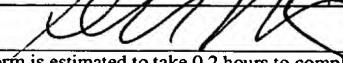


Please type a plus sign (+) inside this box → Approved for use through 10/31/2002. OMB 0651-0032  
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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No. SP-30406 (71,024-423)
		First Inventor Michael Mickelson
		Title GASKET FOR FUEL INJECTOR
		Express Mail Label No. EV320906137US
<b>APPLICATION ELEMENTS</b> <i>See MPEP chapter 600 concerning utility patent application contents</i>		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages (14)] (preferred arrangement set forth below) Descriptive title of the invention Cross reference to related applications Statement regarding Fed sponsored R &amp; D Reference to sequence listing, a table, or a Computer program listing appendix Background of the Invention Brief Summary of the invention Brief Description of the Drawings Detailed description Claim(s) Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets (3)]</p> <p>5. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages (1)]</p> <p>a. <input checked="" type="checkbox"/> Executed (original copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) Named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p>		<p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p>ii. <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statements verifying identify of above copies</p>
<b>ACCOMPANYING APPLICATION PARTS</b>		
<p>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Copies of IDS (IDS)/PTO-1449 Citations</p> <p>13. <input type="checkbox"/> Preliminary Amendment</p> <p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Request and Certification under 35 USC 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</p> <p>17. <input checked="" type="checkbox"/> Other: <u>Check for the payment of the filing fee</u></p>		
<p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data sheet under 37 CFR. 76:</p> <p><input type="checkbox"/> Continuation    <input type="checkbox"/> Divisional    <input type="checkbox"/> Continuation-in-part (CIP) of prior application no.: _____ / _____ Prior application information: Examiner _____ Group Art Unit: _____</p> <p>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>		
<b>19. CORRESPONDENCE ADDRESS</b>		
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		(Insert Customer No. or Attach bar code label here)  <b>27305</b>
<input type="checkbox"/> Correspondence address below		
Name		
Address		
City	State	Zip Code
Country	Telephone	Fax

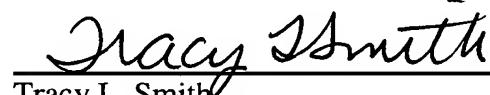
Name (Print/Type)	Robert L. Stearns	Registration No. (Attorney/Agent)	36,937
Signature		Date	August 27, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231

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10/649024  
08/27/03

**CERTIFICATE OF EXPRESS MAILING**

I hereby certify that the enclosed **PATENT APPLICATION** and fee is being deposited with the United States Postal Service as Express Mail, postage prepaid, in an envelope as "Express Mail Post Office to Addressee", Mailing Label No. EV3209061377US and addressed to the Assistant Commissioner for Patents, Washington, D. C. 20231, on **August 27, 2003**.

  
Tracy L. Smith

13408 U.S. P.T.O.  
08/27/03**FEE TRANSMITTAL  
for FY 2003**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$ 808.00)

**Complete if Known**

Application Number	Herewith
Filing Date	August 27, 2003
First Named Inventor	Michael Mickelson
Examiner Name	Unknown
Group / Art Unit	Unknown
Attorney Docket No.	SP-30406 (71,024-423)

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)							
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:		3. ADDITIONAL FEES							
Deposit Account No.		Large Entity							
06-0420		Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description			
Deposit Account Name		1051	130	2051	65	Surcharge - late filing fee or oath			
Federal-Mogul World Wide, Inc.		1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.			
Charge Any Additional Fee Required		1053	130	1053	130	Non-English specification			
<input checked="" type="checkbox"/> Under 37 CFR 1.16 and 1.17		1812	2,520	1812	2,520	For filing a request for reexamination			
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 127		1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action			
2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action			
FEE CALCULATION									
1. BASIC FILING FEE									
Large Entity		Small Entity		Fee Description					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Paid					
1001	750	2001	375	Utility filing fee					
1002	330	2002	165	750.00					
1003	520	2003	260						
1004	750	2004	375						
1005	160	2005	80						
SUBTOTAL (1)		(\$ 750.00)							
2. EXTRA CLAIM FEES									
Extra Claims		Fee from below		Fee Paid					
Total Claims	21	-20*=	1	X	\$18.00	=	18.00		
Indep. Claims	2	2-3**=	0	X	\$84.00	=	0.00		
Multiple Dependent									
** or number previously paid, if greater; For Reissues, see below									
Large Entity		Small Entity							
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description					
1202	18	2202	9	Claims in excess of 20					
1201	84	2201	42	Independent claims in excess of 3					
1203	280	2203	140	Multiple dependent claim, if not paid					
1204	84	2204	42	** Reissue independent claims over original patent					
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent					
SUBTOTAL (2)		(\$ 18.00)		Other fee (specify) _____					
*Reduced by Basic Filing Fee Paid				SUBTOTAL (3)		(\$ 40.00)			
+ Typed or Printed Name	Robert L. Stearns			Registration No. (Attorney/Agent)	36,937	Telephone	(248) 723-0427		
Signature				Date	August 27, 2003				